

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>[Signature]</i>		7-19-01
FORMALITY REVIEW	<i>[Signature]</i>	1073	8/22/01
RESPONSE FORMALITY REVIEW	<i>[Signature]</i>	875	10/29/01

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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36851  
 08/22/01  
 RESP-SCS  
 10/29/01